



## **Initial Application Data Sheet**

### **Application Information**

Application Number:: Unassigned  
Filing Date:: August 6, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R:: None  
Title:: AUTOMATED CONTAINER BULKING SYSTEM  
AND METHOD OPTIONALLY INTEGRATED  
WITH AUTOMATED DISPENSING SYSTEM  
AND/OR AUTOMATED LABELING AND  
PACKAGING SYSTEM  
Attorney Docket Number:: 103864.139US1  
Request for Early Publication?:: No  
Request for Non Publication?:: No  
Total Drawing Sheets: 27  
Small Entity?:: No  
Petition Included?:: No  
Secrecy Order in Parent Application?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: G.  
Family Name:: McErlean  
City of Residence:: Allendale  
State or Province of Residence:: New Jersey

Country of Residence:: U.S.  
Street of mailing address:: 1 Walnut Place  
City of mailing address:: Allendale  
State or Province of mailing address:: New Jersey  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 07401

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: E.  
Middle Name:: Christian  
Family Name:: Hess  
City of Residence:: Flanders  
State or Province of Residence:: New Jersey  
Country of Residence:: U.S.  
Street of mailing address:: 10 Carlton Road  
City of mailing address:: Flanders  
State or Province of mailing address:: New Jersey  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 07836

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Chih-Jen  
Family Name:: Leu  
City of Residence:: East Brunswick  
State or Province of Residence:: New Jersey  
Country of Residence:: U.S.  
Street of mailing address:: 42 Independence Drive

City of mailing address:: East Brunswick  
State or Province of mailing address:: New Jersey  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 08816

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: A.  
Family Name:: Detri  
City of Residence:: Lafayette  
State or Province of Residence:: New Jersey  
Country of Residence:: U.S.  
Street of mailing address:: 25 Dana Drive  
City of mailing address:: Lafayette  
State or Province of mailing address:: New Jersey  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 07848

### **Correspondence Information**

Correspondence Customer Number:: 24395  
Phone number:: 202-942-8400  
Fax number:: 202-942-8484

### **Representative Information**

Representative Customer Number::	24395	
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## **D mestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	Continuation-in-part	10/215,249	August 9, 2002
10/215,249	Non-provisional	60/401,340	August 7, 2002

## **Assignment Information**

Assignee Name:: Medco Health Solutions, Inc.  
Street of mailing address:: 100 Parsons Pond Drive  
City of mailing address:: Franklin Lakes  
State or Province of mailing address:: New Jersey  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 07417-2603